

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

APR - 72008 aew 4-7-2008 MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

Michael Williams	
(Enter above the full name of the plaintiff or plaintiffs in this action)	08CV1962 JUDGE GUZMAN MAG.JUDGE ASHMAN
Mark Boozer	Case No: (To be supplied by the <u>Clerk of this Court</u>)
Jerry Mª Quire	
(Enter above the full name of ALL defendants in this action. Do not use "et al.")	
CHECK ONE ONLY:	
COMPLAINT UNDER THUS. Code (state, county, o	HE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 or municipal defendants)
	IE CONSTITUTION ("BIVENS" ACTION), TITLE ode (federal defendants)
OTHER (cite statute, if kn	own)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

May 4	
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Plai	ntiff(s):
A.	Name: Michael Williams
В.	List all aliases: None
C.	Prisoner identification number: N.33861
D.	Place of present confinement: PINCKNEYVIlle Correctional Cen
E.	Address: P.O. Box 999-Pinckneyville, Illinois. 62
	here is more than one plaintiff, then each plaintiff must list his or her name, aliases, number, and current address according to the above format on a separate sheet of er.)
(In a	endant(s): A below, place the full name of the first defendant in the first blank, his or her cial position in the second blank, and his or her place of employment in the third k. Space for two additional defendants is provided in B and C.)
A.	Defendant: Mark Boozer
	Title: Lieutenant
	Place of Employment: Pinckneyville Correctional Center
, B.	Defendant: Part Ma Quire Jerry Mª Quire
	Title: Sergeant
	Place of Employment: Pinckneyville Correctional Center
C.	Defendant: DNA
	Title:
	Place of Employment: TNA

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

- Is there a grievance procedure available at your institution? Α. YES (1) NO () If there is no grievance procedure, skip to F.
- В. Have you filed a grievance concerning the facts in this complaint? YES () NO ()
- C. If your answer is YES:

1.	What step	s did y	ou take?			
	wrote	NE	Emergency	Grievance	fo	the
			(_	
Wa.	rdeN.	ON	JUNE-19, 2	006-		
					."	

- What was the result? reply was Not an Energency Committed should submit grievance in the MadNer, then I resubmitted to Counselor.
- If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.) YES I appeal and Grievance Officer Stated to find sufficient evidence to substantiate innate recommend orievance be denied.
- If your answer is NO, explain why not: D.

E.	Is the grievance procedure now completed? YES (*) NO ()
F.	If there is no grievance procedure in the institution, did you complain to authorities? YES () NO ()
G.	If your answer is YES:
	1. What steps did you take? I wrote the Warden, Counselor I send it
	to the Arievance Officer, Chief Administrative Officer
	and I appeal to The Director.
	2. What was the result? EVERYONE CONCUR With the Counselor finding
	the Correctional Officer's did No Wrong I
	Was Wrong they say.
H.	If your answer is NO, explain why not:
	- DNA -

IV.	List cour	ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal t (including the Central and Southern Districts of Illinois):
	A.	Name of case and docket number: DNA
	В.	Approximate date of filing lawsuit:
	C.	List all plaintiffs (if you had co-plaintiffs), including any aliases: TNA
	D.	List all defendants: NONE
	E.	Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county):
	F.	Name of judge to whom case was assigned:
	G.	Basic claim made: TNA
	Н.	Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?):
	I.	Approximate date of disposition:

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On March 8,2006, I was notified by the placement officer at the prison, that my assignment was within Unit R-5, from 11p.m-7a.m. I arrived that nite on time, wearing gym shoes. I was immediately told by Sgtr McGuire, Pickneyville Corr.officer that I was never again to wear gym shoes, but only the issued state boots to work. This was not a request. It was stated with assurance of disciplinary ticket to follow for my non-compliance.

On March 9,2006. I arrived wearing gym-shoes having fully explained the previous nite to Sgt. McQuire, the medical reasons that prevented my wearing any; type of boot, including sharing that I had already lost a big toe from wearing boots several years earlier. Undaunted, the Sgt. McQuire, ordered me to return back to my housing unit, change into black boots and return to work, or immediately go to disciplinary segregation unit. I complied with his demand.

Upon returning, Sgt. McQuire, told me "get a medical permit attesting to my story as told to him, or he would write a ticket for giving false information to him.":

I worked the next few days in Zone 5, with state boots, because I had to wait for the medical doctor to sign & copy his ORDER in my behalf. I received said exemption on March 17,2006.

Upon presenting this medical exception document to Sgt. McQuire, he angrily stated that he didn't care about no paper, "institutional policy overode, and prisoners were to wear state boots at work, and that if I failed to dosso, I was going to segregation for my refusal to work." This happened on March 18,2006.

I was accosted later by a Lt. Boozer, and told to "stop giving his officers (Sgt.McGuire) a f---- hard time about state boots and either do my job or else he would make certain I regretted not following order's." I followed their direct order's, despite my feet swelling and the sore's worsening.

My health deterorated to the point that the medical doctor, re-issued a superceding "exceptions permit" stating indefinately I was to "avoid state boots." on March 21,2007. I presented this second medical paper to both Sgt. McGuire and Lt. Boozer, and was told to either wear the state boots and continue working my job, or refuse to work with the boots, and receive a ticket to segregation placement. This happened despite these officer's clearly seeing both my discomfort walking and the suffering from the sore's on the bottom of my feet as I walked.

As evinced by Grievance officer, T. Kisro, in his 09-1-2006 Grievance report summary, at no time "did William receive a medical lay-in" during the relevant time period 3-08-thru 4-21-2006. Hence, in my debilitating condition laboring to and from my job assignment wearing these state boots, eventhough these officers knew that the medical doctor had granted my being excepted because of the potential of infection, I was ordered by them to continue working or else. This situation in prison continued from 3-21-06 up until April 15th 2006; when my condition was so acute from the foul smell from the infection, along with my inability to wear the boot because of swelling, that I was admitted immediately into the prison Infirmary. The medical reason for admission on 4-15-2006, was "DIABETIC FOOT ULCER"

In fact my foot odor was so bad along with drainage that they immediately started I.V. drips, very powerful antibiotics et.al., but it was already too late. I sat within the infirmary for several additional weeks, while the prison authorities tried to decide whose fault it was and whose responsibility the weight would fall on. In the meantime, as the overwhelming medical reports and evaluations showed, my situation warranted upon admission to the infirmary an expert's referral or minimally transfer to the outside hospital. Unfortunately, for me, when I finally arrived on May 3rd 2006, the Surgeon at the Kenneth Hall Hospital, East St. Louis, Illinois, sadly commented upon seeing my foot and the discoloration, "OH MY GOD, what's taken you so long to get here." What happened subsequently, is reflected within their medical/ surgical reports, also attached.

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Grievance (Michael Williams-N-33861) pray that the aforesaid Staff Members employment be terminated and that the Grievant be awarded Compensatory as well as punitive damages.

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this <u>28</u> day of March, 2008

STuchael & Ollums N-33861 (Signature of plaintiff or plaintiffs) Michael Williams N-33861 Pinckneyville Correctional Center Pinckneyville, Illinois 62274